REPORTS INVENTORY

PREPARE IN DUPLICATE

XXXXXXXXX DDS/OL/SD-86

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
No Issue Status Report	X	STATISTICAL	
		NARRATIVE	
		MACHINE-NAME LISTING	

3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL
	X	LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
2	Semi-Annual	1

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Computer Print-Out	X	YES	IF YES GIVE ADP PROCESSING NO.
		NO	231

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
OCS, OL/SD/SMB/GMMS	

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-11	5.72		120		686.40		2		1,372.80

B. COSTS OF COMPUTER PRODUCED REPORTS

					10.29		4		41.16

TOTAL COSTS PER YEAR	1,413.96

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is analyzed to determine the action to be taken on those items which have not experienced an issue in a two year period.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
	RETAIN AS IS	OTHER (explain)	MAN-HOURS	DOLLARS
X	CHANGE to Annual.			
	DISCONTINUE		120	706.98

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
5 Oct 19		

STAT

FORM 142
9-70

Classification